

# Express Scripts Medicare Prescription Drug Benefits

## Express Scripts Medicare® (PDP) for the State of Delaware

### Your Prescription Drug Plan Benefit

The drug benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional drug coverage being provided by the State of Delaware. The following table provides a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at any participating retail network pharmacy or by mail through the Express Scripts Medicare Pharmacy.

<b>Plan Premium</b>	Your actual premium will be determined by the portion of the State contribution for which you are eligible, according to your years of service and retirement date.			
<b>Initial Coverage stage</b>	You will pay the following copayments:			
	Tier	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$8 copayment	\$16 copayment	\$16 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$28 copayment	\$56 copayment	\$56 copayment
	Tier 3: <b>Non-Preferred Brand/Generic Drugs</b>	\$50 copayment	\$100 copayment	\$100 copayment
<b>Catastrophic Coverage stage</b>	After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$5,000 you will pay the greater of <b>5% coinsurance</b> or: <ul style="list-style-type: none"><li>■ a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage</li><li>■ a \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.</li></ul>			

### Three Copay/Coinsurance Levels/Tiers

The prescription drug program has three copay levels (tiers) for covered prescriptions. The amount you pay for your prescription depends on whether the drug is:

- A generic drug or a brand name drug, and
- On the Express Scripts Medicare Formulary (a list of preferred drugs).

The prescription drug summary of benefits shows your share of the cost that applies to each tier of the prescription drug program:

- Tier one – generic drugs
- Tier two – preferred brand name drugs that are on the Formulary, and
- Tier three – non-preferred brand/generic drugs that are not on the Formulary.

For more information on your plan's specific drug coverage, please review your other plan materials, visit us on the Web at [www.Express-Scripts.com](http://www.Express-Scripts.com) or contact Express Scripts Medicare Customer Service at 1-877-680-4883.